after initiating treatment that triggered treatment switching to subsequent therapies for other reasons. SJS/TEN events were commonly associated with significant gastrointestinal (GI) and dermatologic events (p < 0.001). SJS/TEN episodes upon failure. Scenario 1 compared two multiple biologic treatment sequences with a difference in efficacy between the first biologic in each sequence of 2.8%. Methodology: A simulation model (Markov structure) was developed for each condition, following the EULAR, ASAS and NICE guidelines. Clinical efficacy data, disease history and resource use data came from published sources. Utility data were derived from EQ-5D data assessed in CIP pivotal clinical trials. Published 2013 unit costs were taken from local sources/expert opinion. A willingness-to-pay threshold of 3xGDP/capita (8760 EUR) was considered. Base-case analysis was conducted from the payer perspective, with lifetime immunosuppression and outcome of 3.5%. Sensitivity analyses were conducted to test the robustness of the results. RESULTS: In AS, CZP dominates ADA and ETA (quality-adjusted life years [QALYs] gain of 0.098 and 0.021; total costs lower by 9710 EUR and 8550 EUR, respectively) over ADA and ETA respectively. CZP dominates ADA (QALYs gain of 0.257, total costs lower by 13955 EUR). In RA, CZP dominates ADA (QALYs gain of 0.26; total costs lower by 10894400 EUR) and is marginally effective, but as slightly more costly vs ETA (QALYs gain of 0.056, total costs lower by 528377 €). Sensitivity analyses were conducted to compare the thresholds of the results. CONCLUSIONS: CZP is a cost-effective treatment compared to currently available SC anti-TNFs for the treatment of RA, aSxP and PsA in Romania.

PMS39 ESTIMATING THE COST-EFFECTIVE INTERVENTION THRESHOLDS FOR OSTEOARTHRITIC FRACTURES IN THE ROMANIAN POPULATION.1, 2Athanasiak11,1, Makras P., Boubouchiropoulou N., Lizzi G2,1.
1National School of Public Health, Athens, Greece, 2511 Helicis Air Force General Hospital, Athens, Greece.
OBJECTIVES: Osteoporosis is a condition consisting in reduced bone mass and density, thus resulting in an increased risk of fragility fractures. Considering the aforementioned, and in conjunction with the complications that osteoporosis triggers, there is an increased interest in timely and effective early intervention strategies. The purpose of this study was to determine the thresholds at which treatment initiation becomes cost-effective in Greece, using the fracture risk assessment algorithm (FRAAX) model developed by WHO and recently adjusted for Greece. METHODS: A previously developed state transition Markov model was populated employing epidemiological and economic data from Greece. The analysis calculated the cost-effective intervention thresholds using the Greek FRAAX model, which estimates the 10-year marginal probability of an osteoporotic fracture and the cost of a fracture risk equivalent to that of a woman with a prior fragility fracture and no other risk fracture. The analysis was undertaken from a third-party payer perspective, assuming a willingness to pay of 30-50€ per QALY gained. RESULTS: In Greece, the drug intervention aiming at reducing the fracture risk, was found to be cost-effective with a 10-year probability for a major osteoporotic fracture of ≥10% (range: 7.8%-20.4%) for women and 18.2% (range: 9.6%-34.2%) for men aged from 50 to 59 years old. However, when considering an intervention cost to men aged ≥60 and 70 years and older, the threshold was estimated ≥8.9% (range: 8.5%-9.2%) and ≥9.4% respectively (range: 8.9%-10.0%), whereas for women and men over 75 years old, the cost-effective threshold were estimated to be ≥15% (range: 13.0%-16.0%) and ≥11.0% (range: 10.6%-11.1%) accordingly. Significant age-.variations were generally not noticed, some exceptions apart, especially for the age-range of 50-55. CONCLUSIONS: As expected, the cost-effective intervention thresholds for the intervention of patients with osteoporosis are different in both sexes. Therefore, considering these thresholds should lead to cost-effective access to therapy of patients with high fracture probability, and iso facts significantly reduce the economic burden of osteoporotic fractures in Greece.

PMS40 COST-EFFECTIVENESS OF CELECOXIB AND NON SELECTIVE NON STEROIDAL ANTI-INFLAMMATORY DRUG (NSAID) THERAPY FOR THE TREATMENT OF OSTEOARTHRITIS IN SPAIN: A DECISION-TREE MODEL.1 De Lossada Juste A., Benet-Gutiérrez A., Otero Álvarez A.2
1Pfizer, S.L.U, Alcobendas/Madrid, Spain, 2Pfizer S.L.U., Alcobendas/Madrid, Spain, 3Hospital General Universitario Gregorio Marañón, Madrid, Spain.
OBJECTIVES: Treat Osteoartharthritis (OA) with traditional non-steroidal anti-inflammato- ryr drugs (t-NSAIDs) may be associated with significant gastrointestinal (GI) and cardiovascular (CV) events. The objective was to assess the cost-effectiveness (CE) of Celecoxib and non selective non steroidal anti-inflammatory drugs therapy for the treatment of OA in clinical practice in Spain. METHODS: The CE was assessed in patients aged 55+ years with OA and was based on a retrospective decision-tree model using distribution, dose and duration of therapies and incidence of GI and CV events observed in the pragmatic PROBE-designed 6-month “GI Reasons” trial. Effectiveness was expressed in terms of event averted and quality-adjusted life-years (QALYs) gained. Utility data were derived from the EQ-5D-3L. Costs were calculated from different sources including drug acquisition cost, adverse events cost, hospitalization cost. The analysis was conducted to test the robustness of the results. CONCLUSIONS: Celecoxib and non selective non steroidal anti-inflammatory drugs therapy for the treatment of OA in clinical practice in Spain is cost-effective compared to t-NSAIDs with a cost-effectiveness ratio (ICER) of 34,336 per QALY gained and 13,286 per QALY gained when compared to comparators. CONCLUSIONS: Celecoxib is a cost-effective treatment compared to currently available SC anti-TNFs for the treatment of RA, aSxP and PsA in Romania.

PMS36 COST-EFFECTIVENESS OF ROUTINE TESTING FOR HLA-B*8501 IN EUROPEAN PATIENTS WITH NEWLY DIAGNOSED GOUT IN PORTUGUESE NHS HOSPITALS.1 Araújo M.1, Pinto CG2.
1Faculty of Pharmacy - University of Coimbra, Coimbra, Portugal, 2Research Centre on the Portuguese Economy – CISEP, ULisboa, Lisboa, Portugal.
OBJECTIVES: Routine testing for HLA-B*8501 in European patients has been proposed after allopurinol treatment aiming to reduce the incidence of Stevens-Johnson syndrome/toxic epidermal necrolysis (SJS/TEN). However, some discrepancy in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu- larly interested in this issue as extra costs with the treatment of SJS/TEN episodes in the allocation of financial resources, Portuguese NHS hospitals may be particu-